

State of Rhode Island and Providence Plantations
Enhanced 9-1-1 Uniform Emergency Telephone System
Report of 9-1-1 Surcharge Revenue

For the Period beginning _____ and ending: _____

Surcharge revenue remitted:

Number of access lines or wireless subscribers: _____

At \$1.00: \$ _____

less uncollectibles: \$ _____

Subtotal: \$ _____

Total of Revenue Remitted: \$ _____

Make check payable to: State of Rhode Island, General Treasurer

Send report and payment to: E 9-1-1 Uniform Emergency Telephone System
State of Rhode Island
1951 Smith Street
North Providence, RI 02911

Note: If your company is a reseller and the underlying carrier remits this fee on your company's behalf, please check this box ☐ indicate name of underlying carrier here _____ and complete all of the information below.

REMITTANCE FOR:

Company name:* _____

Company Identifier Number: _____

Company address: _____

Contact person completing report: _____

Phone number of contact person: _____

Fax Number of contact person: _____

E-mail address of contact person: _____

Signature of person authenticating this report: _____

Title: _____ Telephone Number: _____

*As shown on Public Utilities Commission Registration or Federal Communications Commission license/certificate.